


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 726499 1. Entity Name BAY TREE, A CONDOMINIUM, SECTION TEN, INC.	
---	---

Principal Place of Business 680 WEST SR 434 WINTER SPRINGS FL 32708 US	Mailing Address 680 WEST SR 434 WINTER SPRINGS FL 32708 US
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1498163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAINE-ANDERSON PROPERTIES INC. 680 WEST SR 434 WINTER SPRINGS FL 32708	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen Paine-Melcolm* **Karen Paine-Melcolm** 3-29-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete DENNETT, HELEN
STREET ADDRESS	20 MOREE LOOP #18
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	TS <input type="checkbox"/> Delete BOURGAIN, NIOMI
STREET ADDRESS	10-1 MOREE LOOP
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	VP <input type="checkbox"/> Delete ALESHERE, EDNA M
STREET ADDRESS	486 CLUB DR
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U00000692208
CITY-ST-ZIP	04/13/07-80042-012 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helena S. Dennett* **Helena S. Dennett Pres.** 4/3/07 407 695-7896